

**Appendix B**

# Region B DMERC Supplier Manual

 AdminaStar Federal

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**Revision No. 21**

**March 2000**

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This packet contains the **Region B DMERC Supplier Manual Revision No. 21**

1. Study the changes, additions, or deletions on the updated pages that follow. Remove the indicated pages and insert the replacement pages. Suppliers should retain removed pages for information on codes, policies and instructions in effect prior to the effective date of the revisions. A summary of the pages to be replaced is found on the next page.

**Note: These pages are updates to only some of the pages in the Supplier Manual.**

**DO NOT REMOVE ANY PAGES EXCEPT AS NOTED ON THE INSTRUCTION PAGE.**

2. All replacement pages are indicated at the bottom of each page:  
"Rev. 21 - March 2000." Look for this date to confirm you are replacing the revised pages with the correct replacement page.
3. Shaded text or codes indicate where a change has been made on the page. Entire chapters which have been added or updated will be noted on the instruction page.

The *Region B DMERC Supplier Manual* is designed to assist suppliers in the transmission of claims for durable medical equipment, prosthetics, orthotics and supplies. AdminaStar Federal will continue to advise suppliers and physicians filing DMEPOS claims in Region B of procedural changes implemented by the Health Care Financing Administration (HCFA) including: general Medicare information, claims processing issues and updates in DMERC medical policy. In addition to this update, be sure to read your *Region B DMERC Supplier Bulletin* for more information on changes of policy and claims submission.

If you have any questions, please contact Region B Provider Assistance at: (317) 577-5722, 9a.m. – 3p.m., for all Region B DMERC states.

**CODING GUIDELINES:**

The billing unit for most inhalation drugs is per milligram (mg.) of the drug dispensed. The billing unit of J7631, J7668, and J7669 is per 10 milligrams (10 mg.) of the drug dispensed. The billing unit of J7608 is per gram (gm.) of the drug dispensed. The billing unit of J2545 and J7682 is per 300 milligrams (300 mg.) of the drug dispensed.

When inhalation drugs are dispensed as a single drug formulation, the coding of a unit dose form or a concentrated form (see Definitions section) is determined by the formulation of the drug as it is dispensed to the patient. If a pharmacist takes a concentrated form of a single inhalation drug (e.g., 0.5% albuterol) and dilutes it to a ready-to-use concentration (e.g., 0.083% albuterol) which is then dispensed to the patient in single-dose bottles/ vials/ ampules, the inhalation solution is billed as the unit dose form, not the concentrated form.

When there is a single drug in a unit dose container, the KO modifier is added to the unit dose form code. When two or more drugs are combined by a pharmacist and dispensed to the patient in the same unit dose container, all of the drugs are billed using the unit dose form code. However, the KP modifier is added to only one of the unit dose form codes and the KQ modifier is added to the other unit dose code(s). When two or more drugs are combined, the use of the KP and KQ modifiers should result in a combination that yields the lower cost to the beneficiary.

**Whenever a unit dose form code is billed, it must have either a KO, KP, or KQ modifier. If a unit dose code does not have one of these modifiers, it will be denied as an invalid code. The KO, KP, and KQ modifiers are not used with the concentrated form codes.**

The concentration of the drug in the dispensed solution can be converted to mg. or gm. as follows: A solution with a labeled concentration of 1% has ten (10) mg. of drug in each milliliter (ml.) of solution. Therefore, a 0.083% albuterol solution has 0.83 mg. of albuterol in each ml. of solution. Since albuterol 0.083% solution typically comes in a 3 ml. vial/ ampule, each vial/ ampule contains 2.5 mg. of albuterol ( $3 \times .83 = 2.5$ ). If a pharmacist provides 120 ampules of 0.083% albuterol solution each containing 3 ml., the billed units of service would be 300 ( $2.5 \times 120$ ) units (1 unit = 1 mg.) of code J7619KO. One unit of E0590 would be billed, which would represent the dispensing fee for the albuterol for the entire month.

When billing unit dose solutions which combine two or more drugs in a single container, each drug must be listed on a separate claim line. For example, if a pharmacist provides 120 ampules of a solution containing a combination of 2.5 mg. of albuterol and 20 mg. of cromolyn in each 3 ml. ampule, the pharmacist would bill J7619KQ 300 units for the albuterol ( $2.5 \text{ mg} \times 120 \text{ doses} = 300$ ) (1 unit = 1 mg.) and J7631KP (unit dose cromolyn) 240 units ( $20 \text{ mg/amp} \times 10 \text{ mg./unit} \times 120 = 240$ ) (1 unit = 10 mg.) for the cromolyn. One unit of E0590 would be billed which represents the dispensing fee for the combined solution for the entire month. There should be no separate billing for saline diluent.

Pharmacists should note that the correct concentration figure must be used to determine the number of mg. of drug dispensed. For example, if a pharmacist takes 0.5 ml. of a concentrated 0.5% albuterol solution and dilutes it with 2.5 ml. of saline to give a 3 ml. unit dose solution

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which is dispensed to the patient, each vial contains 2.5 mg. of albuterol (0.5 ml. x 5.0 mg/ml = 2.5 mg.), not 15 mg. (3 x 5.0).

When a drug is provided in a concentration which is dilute enough that it may be administered to a patient without adding any separate diluent in a multidose container, use code J7699.

Code J7699 is also used for an inhalation drug administered by a nebulizer which does not have a valid specific J or K code. If two or more drugs are combined in the same unit dose container, bill specific J or K codes when possible and J7699 only for individual drugs which do not have a specific J or K code. Claims for drugs that are incorrectly coded J7699 instead of the appropriate specific J or K codes will be denied for invalid coding.

Code E0585 is used when a heavy duty aerosol compressor (E0565), durable bottle type large volume nebulizer (A7017), and immersion heater (E1372) are provided at the same time. If all three items are not provided initially, the separate codes for the components would be used for billing. Code A7017 is billed for a durable, bottle type nebulizer when it is used with a K0269 compressor or a separately billed E0565 compressor. Code A7017 would not be separately billed when an E0585 system was also being billed. Code E0580 (Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flow meter) describes the same piece of equipment as A7017, but should only be billed when this type of nebulizer is used with a beneficiary-owned oxygen system.

Code E1375 (Nebulizer, portable with small compressor, with limited flow) is not valid for claim submission to the DMERC. Use code E0570 or K0501 instead.

Code A4323 (Sterile saline irrigation solution, 1000 ml) is not valid for saline solutions used with nebulizers.

**DOCUMENTATION:**

An order for all equipment, accessories, drugs, and other supplies related to nebulizer therapy must be signed and dated by the ordering physician and kept on file by the supplier. The order for any drug must clearly specify the type of solution to be dispensed to the patient and the administration instructions for that solution. The type of solution is described by a combination of (a) the name of the drug and the concentration of the drug in the dispensed solution and the volume of solution in each container, or (b) the name of the drug and the number of milligrams/grams of drug in the dispensed solution and the volume of solution in that container. Examples of (a) would be: albuterol 0.083% 3 ml; or albuterol 0.5% 20 ml; or cromolyn 20 mg/2 ml. Examples of (b) would be: albuterol 1.25 mg. in 3 ml. saline; or albuterol 2.5 mg. and cromolyn 20 mg. in 3 ml. saline. Administration instructions must specify the amount of solution and frequency of use. Examples would be: 3 ml. qid and prn - max 6 doses / 24 hr.; or one ampule q 4 hr prn; or 0.5 ml. diluted with saline to 3.0 ml. tid and prn. A new order is required if there is a change in the type of solution dispensed or the administration instructions. For all inhalation drugs, a new order is required at least every 12 months even if the prescription has not changed.

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A narrative diagnosis and/or an ICD-9 diagnosis code describing the condition must be present on each order. An ICD-9 code describing the condition which necessitates nebulizer therapy must be included on each claim for equipment, accessories, and/or drugs.

The patient's medical record must contain information which supports the medical necessity for all equipment, accessories, drugs, and other supplies that are ordered. Except for the situations described below, this information does not have to be submitted with the claim but should be available to the DMERC on request.

Claims for K0501 must be accompanied by documentation of the need for the battery feature.

Claims to the DMERC for E0575 which were approved by a local carrier prior to transition to the DMERC must be submitted hardcopy, with a copy of the documentation demonstrating previous payment for the equipment by the local carrier.

When billing for quantities of nebulized inhalation drugs or nebulizer accessories and supplies greater than those described in the policy as the usual maximum amounts, each claim must be accompanied by a copy of the prescription(s) and physician narrative documentation supporting the medical necessity for the higher utilization.

If more than one beta-adrenergic or more than one anticholinergic inhalation drug is billed during the same month, each claim must be accompanied by a copy of the prescription(s) and physician narrative documentation supporting the medical necessity of concurrent use.

When code E1399 is billed for miscellaneous equipment or accessories, the claim must be accompanied by a clear description of the item including the manufacturer, the model name/number if applicable, and the medical necessity of the item for that patient. When code J7699 is billed for miscellaneous inhalation drugs, the claim must be accompanied by the detailed order information described above, a clear statement of the number of ampules/bottles of solution dispensed, and documentation of the medical necessity of the drug for that patient.

In all of the situations listed above, the documentation should be attached to each hard copy claim (as when physician narrative documentation is required) or entered in the HA0 record of each electronic claim.

Refer to the Supplier Manual for more information on orders, medical records, and supplier documentation.

**EFFECTIVE DATE:**

Claims with dates of service on or after January 1, 2000.

This is a revision of a previously published policy.

**Appendix C**



CIGNA HealthCare  
Medicare Administration

***DMERC Region D Supplier Manual  
Winter 2003 Update***

January 2003

General Release 03-1

Dear Supplier:

Attached is the Winter 2003 update to the *DMERC Region D Supplier Manual*. Read the enclosed material carefully. The *DMERC Region D Supplier Manual* is designed to provide vital, current DMERC information. Supplier manual updates are issued quarterly.

A summary of the changes and instructions for updating the manual is included. When updating the manual:

- Compare the new page numbers with the existing page numbers to ensure that you replace the correct pages for each chapter.
- Compare the revision date at the bottom of the updated pages to make sure you insert the most current update. Pages included with the updates may be identical in content and revision date to the page you are replacing – this is because it has not been revised, but is on the reverse side of a page that has changed. (NOTE: The revision date for updates to Chapter 9, Local Medical Review Policies (LMRPs) and Chapter 10, Coverage Issues, is at the end of each policy and not at the bottom of the page.)
- Take out the old pages and replace with the updated pages. Make a final comparison of the page numbers, then discard or retain the old pages.

**REMINDER:** Please be sure to read the *DMERC Dialogue*, the Region D newsletter, for additional information. The *DMERC Region D Supplier Manual* and *DMERC Dialogue* are available on our Web site at [www.cignamedicare.com](http://www.cignamedicare.com) (select Durable Medical Equipment). Also, visit "What's New" on the Web site for special notices concerning changes in regulations issued between publication releases. To receive automatic notification via e-mail of the posting of LMRPs, publications and other important Medicare announcements, subscribe to the CIGNA Medicare electronic mailing list at [www.cignamedicare.com/maileter/subscribe.asp](http://www.cignamedicare.com/maileter/subscribe.asp).

**Table 1 - Crosswalk Deleted Codes (Multiple)**

The table below lists codes (not all-inclusive) that have been deleted and replaced twice.

Codes	Deleted as of	First Replacement	Dates Beginning	Valid Ended	Replacement	Second Dates Valid
A4190	03/31/1994	K0257-K0259	04/01/1994	12/31/1996	A6257-A6259	01/01/1997
A4200	03/31/1994	K0216-K0230	04/01/1994	12/31/1996	A6216-A6230	01/01/1997
		K0216-K0218	01/01/1996	12/31/1996	A6219-A6218	01/01/1997
		K0402-K0404	01/01/1996	12/31/1996	A6402-A6404	01/01/1997
A4202	03/31/1994	K0263	04/01/1994	12/31/1996	A6263	01/01/1997
		K0263	01/01/1996	12/31/1996	A6263	01/01/1997
		K0405	01/01/1996	12/31/1996	A6405	01/01/1997
A4203	03/31/1994	K0264	04/01/1994	12/31/1996	A6264	01/01/1997
		K0264	01/01/1996	12/31/1996	A6264	01/01/1997
		K0406	01/01/1996	12/31/1996	A6406	01/01/1997
A4347	09/30/1994	K0132	10/01/1994	09/30/1995	K0410-K0411	10/01/1995
A4363	09/30/1993	K0137	10/01/1993	12/31/1999	A4369	01/01/2000
		K0138	10/01/1993	12/31/1999	A4370	01/01/2000
		K0139	10/01/1993	12/31/1999	A4371	01/01/2000
A4370	03/31/2002	K0561 or K0562	04/01/2002	12/31/2002	A4405 or A4406	01/01/2003
A4454	03/31/1994	K0265	04/01/1994	12/31/1996	A6265	01/01/1997
A4800	12/31/2001	A4801	01/01/2002	12/31/2002	J1644	
A5064	09/30/1996	K0419	10/01/1996	12/31/1999	A4375	01/01/2000
	09/30/1996	K0420	10/01/1996	12/31/1999	A4376	01/01/2000
A5065	09/30/1996	K0421	10/01/1996	12/31/1999	A4377	01/01/2000
	09/30/1996	K0422	10/01/1996	12/31/1999	A4378	01/01/2000
A5074	09/30/1996	K0423	10/01/1996	12/31/1999	A4379	01/01/2000
	09/30/1996	K0424	10/01/1996	12/31/1999	A4380	01/01/2000
A5075	09/30/1996	K0425	10/01/1996	12/31/1999	A4381	01/01/2000
	09/30/1996	K0426	10/01/1996	12/31/1999	A4382	01/01/2000
	09/30/1996	K0427	10/01/1996	12/31/1999	A4383	01/01/2000
A5123	03/31/2002	K0570 or K0571	04/01/2002	12/31/2002	A4414 or A4415	01/01/2003
A6265	03/31/2002	K0572 or K0573	04/01/2002	12/31/2002	A4450 or A4452	01/01/2003
J7610	03/31/1997	K0503	04/01/1997	12/31/1999	J7608	01/01/2000
J7615	03/31/1997	K0503	04/01/1997	12/31/1999	J7608	01/01/2000
J7620	03/31/1997	K0505	04/01/1997	12/31/1999	J7619	01/01/2000
J7625	03/31/1997	K0504	04/01/1997	12/31/1999	J7618	01/01/2000
J7627	03/31/1997	K0508-K0509	04/01/1997	12/31/1999	J7628-J7629	01/01/2000
J7630	03/31/1997	K0511	04/01/1997	12/31/1999	J7631	01/01/2000
J7645	03/31/1997	K0518	04/01/1997	12/31/1999	J7644	01/01/2000
J7650	03/31/1997	K0520	04/01/1997	12/31/1999	J7649	01/01/2000
J7651	03/31/1997	K0520	04/01/1997	12/31/1999	J7649	01/01/2000
J7652	03/31/1997	K0520	04/01/1997	12/31/1999	J7649	01/01/2000
J7653	03/31/1997	K0520	04/01/1997	12/31/1999	J7649	01/01/2000
J7654	03/31/1997	K0520	04/01/1997	12/31/1999	J7649	01/01/2000
J7655	03/31/1997	K0519	04/01/1997	12/31/1999	J7648	01/01/2000
J7660	03/31/1997	K0521-K0522	04/01/1997	12/31/1999	J7658-J7659	01/01/2000
J7665	03/31/1997	K0521-K0522	04/01/1997	12/31/1999	J7658-J7659	01/01/2000
J7670	03/31/1997	K0524	04/01/1997	12/31/1999	J7669	01/01/2000
J7672	03/31/1997	K0524	04/01/1997	12/31/1999	J7669	01/01/2000

**Chapter 16**

<b>Codes</b>	<b>Deleted as of</b>	<b>First Replacement</b>	<b>Dates Beginning</b>	<b>Valid Ended</b>	<b>Replacement</b>	<b>Second Dates Valid</b>
J7675	03/31/1997	K0523	04/01/1997	12/31/1999	J7668	01/01/2000
K0132	09/30/1995	K0410-K0411	10/01/1995	12/31/2000	A4324-A4325	01/01/2001
K0148	03/31/1994	K0242-K0249	04/01/1994	12/31/1996	A6224-A6243	01/01/1997
K0149	03/31/1994	K0234-K0241	04/01/1994	12/31/1996	A6209-A6215	01/01/1997
K0150	03/31/1994	K0196-K0199	04/01/1994	12/31/1996	A6196-A619	01/01/1997
K0151	03/31/1994	K0209-K0215	04/01/1994	12/31/1996	A6209-A6215	01/01/1997
K0153	03/31/1994	K0203-K0205	04/01/1994	12/31/1996	A6203-A6205	01/01/1997
K0282	12/31/1994	K0182	01/01/1995	12/31/2000	A7018	01/01/2001
*L7500	12/31/1994	**K0285	01/01/1995	12/31/1996	**L7520	01/01/1997
XX006	09/30/1996	K0438	10/01/1996	12/31/1999	A4394	01/01/2000
	09/30/1996	K0439	10/01/1996	12/31/1999	A4395	01/01/2000

\* = 1 hour \*\* = 15 min.

## Chapter 16

Code	Description	Category	CMN/DIF Required
J7130	Hypertonic saline solution, 50 or 100 meq, 20 cc vial		
J7140	Prescription drug, oral, dispensed in physician's office (Deleted eff. 12/31/1996)		
J7150	Prescription drug, oral chemotherapy for malignant disease (Deleted eff. 12/31/1996)		
J7190	Factor VIII (antihemophilic factor, human) per I.U.		
J7191	Factor VIII (antihemophilic factor (porcine), per I.U.		
J7192	Factor VIII (antihemophilic factor, recombinant) per I.U.		
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per I.U. (Eff. Date 1/1/2002)		
J7194	Factor IX, complex, per I.U..		
J7195	Factor IX (antihemophilic factor, recombinant) per I.U. (Eff. Date 1/1/2002)		
J7196	Other hemophilia clotting factors, (e.g., anti-inhibitors), per I.U. (Deleted eff. 12/31/1999)	14	
J7197	Antithrombin III (human), per I.U.		
J7198	Anti-inhibitor, per I.U. (Eff. Date 1/1/2000)		
J7199	Hemophilia clotting factor, not otherwise classified (Eff. Date 1/1/2000)		
J7300	Intrauterine copper contraceptive		
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Eff. Date 1/1/2002)		
J7308	Aminolevulinic acid HCL for topical administration, 20%, single unit dosage form (354 mg) (Eff. Date 1/1/2002)		
J7310	Ganciclovir, 4.5 mg, long-acting implant		
J7315	Sodium hyaluronate, 20 mg, for intra articular injection (Deleted eff. 12/31/2001)		
J7316	Sodium hyaluronate, 5 mg for intra-articular injection (Deleted eff. 12/31/2002)		
J7317	Sodium hyaluronate, 20-25 mg dose for intra-articular injection (Eff. Date 1/1/2003)		
J7320	Hylan g-f20, 16 mg, for intra articular injection		
J7340	Dermal and epidermal, tissue of human origin, with or without bioengineered or processed elements, with metabolically active elements, per square centimeter (Eff. Date 1/1/2002)		
J7500	Azathioprine, oral, 50 mg	10	08.02
J7501	Azathioprine, parenteral, 100 mg	10	08.02
J7502	Cyclosporine, oral, 100 mg (Eff. Date 1/1/2000)	10	08.02
J7503	Cyclosporine, parenteral, per 50 mg (Deleted eff. 12/31/1999)		08.02
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	10	08.02
J7505	Muromonab-cd3, parenteral, 5 mg	10	08.02
J7506	Prednisone, oral, per 5mg	10	08.02
J7507	Tacrolimus, oral, per 1 mg	10	08.02
J7508	Tacrolimus, oral, per 5 mg	10	08.02
J7509	Methylprednisolone oral, per 4 mg	10	08.02
J7510	Prednisolone oral, per 5 mg	10	08.02
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral 25 mg (Eff. Date 1/1/2002)		
J7513	Daclizumab, parenteral, 25 mg	10	08.02
J7515	Cyclosporine, oral, 25 mg (Eff. Date 1/1/2000)	10	08.02
J7516	Cyclosporin, parenteral, 250 mg (Eff. Date 1/1/2000)	10	08.02
J7517	Mycophenolate mofetil, oral, 250 mg (Eff. Date 1/1/2000)	10	08.02
J7520	Sirolimus, oral, 1 mg (Eff. Date 1/1/2001)		

## Payment Category

1 = Capped Rental	6 = Oxygen and Oxygen Equipment	11 = Ostomy, Trach., & Urologicals	16 = Therapeutic Shoes for Diabetics
2 = Freq. & Substantial Serv. DME	7 = Parenteral/Enteral Nutrients	12 = Surgical Dressings	17 = Individual Consideration
3 = Customized DMEPOS	8 = Parenteral/Enteral Supplies and Kits	13 = Supplies	18 = Epoetin (EPO)
4 = Prosthetics/Orthotics	9 = Parenteral/Enteral Pumps	14 = Not Otherwise Classified (NOC)	19 = Dialysis Supplies & Equipment
5 = Inexp. & Routinely Purch. DME	10 = Immunosuppressive Drugs	15 = Nebulizer Drugs	20 = Oral Antiemetic Drugs

**Chapter 16**

Code	Description	Category	CMN/DIF Required
J7525	Tacrolimus, parenteral, 5 mg (Eff. Date 1/1/2001)		
J7599	Immunosuppressive drug, not otherwise classified	10	08.02
J7608	Acetylcysteine, inhalation solution administered through DME, unit dose form, per gram (Eff. Date 1/1/2000)	15	
J7610	Acetylcysteine, 10%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7615	Acetylcysteine, 20%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7618	Albuterol, all formulations including separated isomers, inhalation solution administered through DME, concentrated form, per 1 mg (albuterol) or per 0.5 mg (levalbuterol) (Eff. Date 1/1/2000)	15	
J7619	Albuterol, all formulations including separated isomers, inhalation solution administered through DME, unit dose, per 1 mg (albuterol) or per 0.5 mg (levalbuterol) (Eff. Date 1/1/2000)	15	
J7620	Albuterol sulfate, 0.083%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7622	Beclomethasone, inhalation solution administered through DME, unit dose form, per milligram (Eff. Date 1/1/2002)		
J7624	Betamethasone, inhalation solution administered through DME, unit dose form, per milligram (Eff. Date 1/1/2002)		
J7625	Albuterol sulfate, 0.5%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7626	Budesonide inhalation solution, administered through DME, unit dose form 0.25 to 0.50 mg (Eff. Date 1/1/2002)		
J7627	Bitolterol mesylate, 0.2%, per 10 ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7628	Bitolterol mesylate, inhalation solution administered through DME, concentrated form, per milligram (Eff. Date 1/1/2000)	15	
J7629	Bitolterol mesylate, inhalation solution administered through DME, unit dose form, per milligram (Eff. Date 1/1/2000)	15	
J7630	Cromolyn sodium, per 20 mg, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7631	Cromolyn sodium, inhalation solution administered through DME, unit dose form, per 10 milligrams (Eff. Date 1/1/2000)	15	
J7633	Budesonide, inhalation solution administered through DME, concentrated form, per 0.25 milligram (Eff. Date 1/1/2003)		
J7635	Atropine, inhalation solution administered through DME, concentrated form, per milligram (Eff. Date 1/1/2000)	15	
J7636	Atropine, inhalation solution administered through DME, unit dose form, per milligram (Eff. Date 1/1/2000)	15	
J7637	Dexamethasone, inhalation solution administered through DME, concentrated form, per milligram (Eff. Date 1/1/2000)	15	
J7638	Dexamethasone, inhalation solution administered through DME, unit dose form, per milligram (Eff. Date 1/1/2000)	15	
J7639	Dornase alpha, inhalation solution administered through DME, unit dose form, per milligram (Eff. Date 1/1/2000)	15	
J7640	Epinephrine, 2.25%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7641	Flunisolide, inhalation solution, administered through DME, unit dose, per milligram (Eff. Date 1/1/2002)		
J7642	Glycopyrrolate, inhalation solution administered through DME, concentrated	15	

## Payment Category

1 = Capped Rental  
2 = Freq. & Substantial Serv. DME  
3 = Customized DMEPOS  
4 = Prosthetics/Orthotics  
5 = Inexp. & Routinely Purch. DME

6 = Oxygen and Oxygen Equipment  
7 = Parenteral/Enteral Nutrients  
8 = Parenteral/Enteral Supplies and Kits  
9 = Parenteral/Enteral Pumps  
10 = Immunosuppressive Drugs

11 = Ostomy, Trach., & Urologicals  
12 = Surgical Dressings  
13 = Supplies  
14 = Not Otherwise Classified (NOC)  
15 = Nebulizer Drugs

16 = Therapeutic Shoes for Diabetics  
17 = Individual Consideration  
18 = Epoetin (EPO)  
19 = Dialysis Supplies & Equipment  
20 = Oral Antiemetic Drugs

**Chapter 16**

Code	Description	Category	CMN/DIF Required
	form, per milligram (Eff. Date 1/1/2000)		
J7643	Glycopyrrolate, inhalation solution administered through DME, unit dose form, per milligram (Eff. Date 1/1/2000)	15	
J7644	Ipratropium bromide, inhalation solution administered through DME, unit dose form, per milligram (Eff. Date 1/1/2000)	15	
J7645	Ipratropium bromide 0.02%, per ml, inhalation solution administered through a DME (Deleted eff. 12/31/2000)		
J7648	Isoetharine HCL, inhalation solution administered through DME, concentrated form, per milligram (Eff. Date 1/1/2000)	15	
J7649	Isoetharine HCL, inhalation solution administered through DME, unit dose form, per milligram (Eff. Date 1/1/2000)	15	
J7650	Isoetharine hydrochloride, 0.1%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7651	Isoetharine hydrochloride, 0.125%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7652	Isoetharine hydrochloride, 0.167%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7653	Isoetharine hydrochloride, 0.2%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7654	Isoetharine hydrochloride, 0.25%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7655	Isoetharine hydrochloride, 1.0%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7658	Isoproterenol HCL, inhalation solution administered through DME, concentrated form, per milligram (Eff. Date 1/1/2000)	15	
J7659	Isoproterenol HCL, inhalation solution administered through DME, unit dose form, per milligram (Eff. Date 1/1/2000)	15	
J7660	Isoproterenol hydrochloride, 0.5%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7665	Isoproterenol hydrochloride, 1.0%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7668	Metaproterenol sulfate, inhalation solution administered through DME, concentrated form, per 10 milligrams (Eff. Date 1/1/2000)	15	
J7669	Metaproterenol sulfate, inhalation solution administered through DME, unit dose form, per 10 milligrams (Eff. Date 1/1/2000)	15	
J7670	Metaproterenol sulfate, 0.4%, per 2.5 ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7672	Metaproterenol sulfate, 0.6%, per 2.5 ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7675	Metaproterenol sulfate, 5.0%, per ml, inhalation solution administered through DME (Deleted eff. 12/31/2000)		
J7680	Terbutaline sulfate, inhalation solution administered through DME, concentrated form, per milligram (Eff. Date 1/1/2000)	15	
J7681	Terbutaline sulfate, inhalation solution administered through DME, unit dose form, per milligram (Eff. Date 1/1/2000)	15	
J7682	Tobramycin, unit dose form, 300 mg, inhalation solution, administered through DME (Eff. Date 1/1/2000)	15	
J7683	Triamcinolone, inhalation solution administered through DME, concentrated form, per milligram (Eff. Date 1/1/2000)	15	
J7684	Triamcinolone, inhalation solution administered through DME, unit dose form, per milligram (Eff. Date 1/1/2000)	15	
J7699	NOC drugs, inhalation solution administered through DME	15	

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## Chapter 16

Code	Description	Category	CMN/DIF Required
K0412	Mycophenolate mofetil, oral, 250 mg (Deleted eff. 12/31/1999)	10	
K0413	Non-powered, advanced pressure-reducing overlay for mattress, standard mattress length and width (Deleted eff. 12/31/1997)	01	
K0414	Powered air overlay for mattress, standard mattress length and width (Deleted eff. 12/31/1997)	01	
K0415	Prescription anti-emetic drug, oral, per 1 mg, for use in conjunction with oral anti-cancer drug, not otherwise specified		
K0416	Prescription anti-emetic drug, rectal, per 1 mg, for use in conjunction with oral anti-cancer drug, not otherwise specified		
K0417	External infusion pump, mechanical, reusable, for short term drug infusion (Deleted eff. 12/31/1999)	05	
K0418	Cyclosporin, oral, per 100 mg (Deleted eff. 12/31/1999)	10	
K0419	Pouch, drainable, with faceplate attached, plastic, each (Deleted eff. 12/31/1999)	11	
K0420	Pouch, drainable, with faceplate attached, rubber, each (Deleted eff. 12/31/1999)	11	
K0421	Pouch, drainable, for use on faceplate, plastic, each (Deleted eff. 12/31/1999)	11	
K0422	Pouch, drainable, for use on faceplate, rubber, each (Deleted eff. 12/31/1999)	11	
K0423	Pouch, urinary, with faceplate attached, plastic, each (Deleted eff. 12/31/1999)	11	
K0424	Pouch, urinary, with faceplate attached, rubber, each (Deleted eff. 12/31/1999)	11	
K0425	Pouch, urinary, for use on faceplate, plastic, each (Deleted eff. 12/31/1999)	11	
K0426	Pouch, urinary, for use on faceplate, heavy plastic, each (Deleted eff. 12/31/1999)	11	
K0427	Pouch, urinary, for use on faceplate, rubber, each (Deleted eff. 12/31/1999)	11	
K0428	Ostomy faceplate equivalent, silicone ring, each (Deleted eff. 12/31/1999)	11	
K0429	Skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each (Deleted eff. 12/31/1999)	11	
K0430	Skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, any size, each (Deleted eff. 12/31/1999)	11	
K0431	Pouch, closed; with standard wear barrier attached, with built-in convexity (1 piece), each (Deleted eff. 12/31/1999)	11	
K0432	Pouch, drainable, with extended wear barrier attached, without built-in convexity (1 piece), each (Deleted eff. 12/31/1999)	11	
K0433	Pouch, drainable, with standard wear barrier attached, with built-in convexity (1 piece), each (Deleted eff. 12/31/1999)	11	
K0434	Pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each (Deleted eff. 12/31/1999)	11	
K0435	Pouch, urinary, with extended wear barrier attached, without built-in convexity (1 piece), each (Deleted eff. 12/31/1999)	11	
K0436	Pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each (Deleted eff. 12/31/1999)	11	
K0437	Pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each (Deleted eff. 12/31/1999)	11	
K0438	Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce (Deleted eff. 12/31/1999)	11	
K0439	Ostomy deodorant for use in ostomy pouch, solid, per tablet (Deleted eff. 12/31/1999)	11	
K0440	Nasal prosthesis - provided by a non-physician (Deleted eff. 12/31/2000)	04	
K0441	Midfacial prosthesis - provided by a non-physician (Deleted eff. 12/31/2000)	04	
K0442	Orbital prosthesis - provided by a non-physician (Deleted eff. 12/31/2000)	04	
K0443	Upper facial prosthesis - provided by a non-physician (Deleted eff. 12/31/2000)	04	
K0444	Hemi-facial prosthesis - provided by a non-physician (Deleted eff. 12/31/2000)	04	
K0445	Auricular prosthesis - provided by a non-physician (Deleted eff. 12/31/2000)	04	
K0446	Partial facial prosthesis - provided by a non-physician (Deleted eff. 12/31/2000)	04	

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**Chapter 16**

Code	Description	Category	CMN/DIF Required
K0447	Nasal septal prosthesis - provided by a non-physician (Deleted eff. 12/31/2000)	04	
K0448	Unspecified maxillofacial prosthesis, by report - provided by a non-physician (Deleted eff. 12/31/2000)	04	
K0449	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments - provided by a non-physician (Deleted eff. 12/31/2000)	04	
K0450	Adhesive, liquid, for use with facial prosthesis only, per ounce (Deleted eff. 12/31/2000)	04	
K0451	Adhesive remover, wipes, for use with facial prosthesis, per box of 50 (Deleted eff. 12/31/2000)	04	
K0452	Wheelchair bearings, any type	05	
K0453	Injection, amphotericin b, 50 mg (Deleted eff. 12/31/1998)		
K0454	Non-powered, advanced pressure-reducing mattress (Deleted eff. 12/31/1997)	01	
K0455	Infusion pump used for uninterrupted administration of epoprostenol	02	
K0456	Hospital bed, heavy duty, extra wide, with any type side rails, with mattress	01	
K0457	Extra wide/heavy duty commode chair, each (Deleted eff. 12/31/2000)	05	
K0458	Heavy duty walker, without wheels, each	05	
K0459	Heavy duty wheeled walker, each	05	
K0460	Power add-on, to convert manual wheelchair to motorized wheelchair, joystick control	01	02.03A
K0461	Power add-on, to convert manual wheelchair to power operated vehicle, tiller control	05	07.02B
K0462	Temporary replacement for patient owned equipment being repaired, any type	05	
K0501	Aerosol compressor, battery powered, for use with small volume nebulizer (Deleted eff. 12/31/2000)	01	
K0503	Acetylcysteine, inhalation solution administered through DME, unit dose form, per gram (Deleted eff. 12/31/1999)	15	
K0504	Albuterol, inhalation solution administered through DME, concentrated form, per milligram (Deleted eff. 12/31/1999)	15	
K0505	Albuterol, inhalation solution administered through DME, unit dose form, per milligram (Deleted eff. 12/31/1999)	15	
K0506	Atropine, inhalation solution administered through DME, concentrated form, per milligram (Deleted eff. 12/31/1999)	15	
K0507	Atropine, inhalation solution administered through DME, unit dose form, per milligram (Deleted eff. 12/31/1999)	15	
K0508	Bitolterol mesylate, inhalation solution administered through DME, concentrated form, per milligram (Deleted eff. 12/31/1999)	15	
K0509	Bitolterol mesylate, inhalation solution administered through DME, unit dose form, per milligram (Deleted eff. 12/31/1999)	15	
K0511	Cromolyn sodium, inhalation solution administered through DME, unit dose form, per milligram (Deleted eff. 12/31/1999)	15	
K0512	Dexamethasone, inhalation solution administered through DME, concentrated form, per milligram (Deleted eff. 12/31/1999)	15	
K0513	Dexamethasone, inhalation solution administered through DME, unit dose form, per milligram (Deleted eff. 12/31/1999)	15	
K0514	Dornase alpha, inhalation solution administered through DME, unit dose form, per milligram (Deleted eff. 12/31/1999)	15	
K0515	Glycopyrrolate, inhalation solution administered through DME, concentrated form, per milligram (Deleted eff. 12/31/1999)	15	
K0516	Glycopyrrolate, inhalation solution administered through DME, unit dose form, per milligram (Deleted eff. 12/31/1999)	15	
K0518	Ipratropium bromide, inhalation solution administered through DME, unit dose form, per milligram (Deleted eff. 12/31/1999)	15	

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8 = Parenteral/Enteral Supplies and Kits  
9 = Parenteral/Enteral Pumps  
10 = Immunosuppressive Drugs

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12 = Surgical Dressings  
13 = Supplies  
14 = Not Otherwise Classified (NOC)  
15 = Nebulizer Drugs

16 = Therapeutic Shoes for Diabetics  
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**Chapter 16**

Code	Description	Category	CMN/DIF Required
K0519	Isoetharine Hcl, inhalation solution administered through DME, concentrated form, per milligram (Deleted eff. 12/31/1999)	15	
K0520	Isoetharine Hcl, inhalation solution administered through DME, unit dose form, per milligram (Deleted eff. 12/31/1999)	15	
K0521	Isoproterenol Hcl, inhalation solution administered through DME, concentrated form, per milligram (Deleted eff. 12/31/1999)	15	
K0522	Isoproterenol Hcl, inhalation solution administered through DME, concentrated form, per milligram (Deleted eff. 12/31/1999)	15	
K0523	Metaproterenol sulfate, inhalation solution administered through DME, concentrated form, per 10 milligrams (Deleted eff. 12/31/1999)	15	
K0524	Metaproterenol sulfate, inhalation solution administered through DME, unit dose form, per 10 milligrams (Deleted eff. 12/31/1999)	15	
K0525	Terbutaline sulfate, inhalation solution administered through DME, concentrated form, per milligram (Deleted eff. 12/31/1999)	15	
K0526	Terbutaline sulfate, inhalation solution administered through DME, unit dose form, per milligram (Deleted eff. 12/31/1999)	15	
K0527	Triamcinolone, inhalation solution administered through DME, concentrated form, per milligram (Deleted eff. 12/31/1999)	15	
K0528	Triamcinolone, inhalation solution administered through DME, unit dose form, per milligram (Deleted eff. 12/31/1999)	15	
K0529	Sterile water or sterile saline, 1000 ml, used with large volume nebulizer (Deleted eff. 12/31/2000)	15	
K0530	Nebulizer, durable, glass, or autoclavable plastic, bottle type, not used with oxygen (Deleted eff. 12/31/1999)	05	
K0531	Humidifier, heated, used with positive airway pressure device	05	
K0532	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	01	
K0533	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	02	
K0534	Respiratory assist device, bi-level pressure capacity, with back up rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	02	
K0535	Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, without adhesive border, each dressing (Deleted eff. 12/31/2000)	12	
K0536	Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing (Deleted eff. 12/31/2000)	12	
K0537	Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 sq. in., without adhesive border, each dressing (Deleted eff. 12/31/2000)	12	
K0538	Negative pressure wound therapy electrical pump, stationary or portable (Eff. Date 1/1/2001)	01	
K0539	Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each (Eff. Date 1/1/2001)	13	
K0540	Canister set for negative pressure wound therapy electrical pump, stationary or portable, each (Eff. Date 1/1/2001)	13	
K0541	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time (Eff. Date 1/1/2001)	05	
K0542	Speech generation device, digitized speech, using pre-recorded messages, greater than 8 minutes recording time (Eff. Date 1/1/2001)	05	
K0543	Speech generative device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device (Eff. Date 1/1/2001)	05	

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